

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450** or **Fax (571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if necessary). Blocks 1 through 5 should be completed unless otherwise indicated. All other correspondence including the Patent, admission orders and notification of abandonment fees will be mailed to the current correspondence address, as indicated unless contrary below or directed otherwise in Block 1, by (a) specifying a new correspondence address, under the heading "I request 'Fee Address'" for correspondence for examination.

CURRENT CORRESPONDENCE ADDRESS: (Check Block 1 for change of address)

Note: A signature is making out only in the appropriate column. If a signature is made in the "Fee Address" column, it will be used for all correspondence. Each additional paper, such as an assignment or disclaimer, must have its own certificate of mailing or transmittal.

1646 06/30/2010

Gregory J Lavorgna
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One Logan Square
18th & Cherry Street
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Certificate of Mailing or Transmittal
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop, Building, Block, address, above, or being mailed to the transmittal to the USPTO at (571) 273-2885, on the date indicated below.

Transmittal
Signature
Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	EXAMINATION NO.
10/224,778	02/09/2005	Alan John Johnston	2/0139 (5830-108)	1554

TITLE OF INVENTION: METHOD AND APPARATUS FOR DETERMINING ISCHAEMIA

APP. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE DUE	DATE PAID
nonprovisional	YES	\$755	\$300	\$0	\$1055	09/30/2010

EXAMINER	ART UNIT	CLASSIFICATION
NATHANIEL MAHA, NAVIN	3735	600-361008

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.33).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB-012) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB-012, Rev. 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list:</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (being an a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>Drinker Biddle & Reath LLP.</p>
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3. ASSIGNMENT, TRANSFER, AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording as set forth in 37 CFR 3.01. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY AND STATE OR COUNTRY)

Grampian Health Board

Aberdeen, Great Britain

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

<p>4a. The following fee(s) are submitted:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input checked="" type="checkbox"/> Address Order - # of Copies 5</p>	<p>4b. Payment of Fees(s). (Please first comply any previously paid fees as shown above)</p> <p><input type="checkbox"/> A check is enclosed</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fees: any deficiency or credit on, <u>60-0573</u>, (include an extra copy in this form).</p>
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5. Change in Entity Status (from status indicated above)

☒ A significant change in SMALL ENTITY status See 37 CFR 1.27 ☐ An Applicant is a 1-year (maximum) SMALL ENTITY status See 37 CFR 1.27(a)(1)

NOTE: The small entity status is governed by 35 U.S.C. 122 and 37 CFR 1.14. This certification is submitted to take 12 months to complete, including fee payment and submission, on completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or supporters for reducing this period, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 1515 Jefferson at Government, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND PDS OR COMPLETED FORMS TO THE ADDRESS. SEND PDS Communications for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450.

Authorized Signature _____ Date: September 1, 2010

Typed or printed name: Gregory J. Lavorgna Registration No: 30,469

This collection of information is required by 37 CFR 1.31. The information is required to obtain or retain a benefit by the public which is to the and/or in, 37 CFR 1.31(a)(1) or 37 CFR 1.31(b)(1). This information is required to take 12 months to complete, including fee payment and submission, on completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or supporters for reducing this period, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 1515 Jefferson at Government, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND PDS OR COMPLETED FORMS TO THE ADDRESS. SEND PDS Communications for Patents P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/524,228	Examiner: Navin Natnithithadha
First Named Inventor: Alan John Johnstone	Art Unit: 3735
Filed: February 9, 2005	Confirmation No.: 1559
Customer No.: 23973	Attorney Docket No.: 36290-0308-00-US(205139)
Title: Method and Apparatus for Determining Ischaemia	

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PAYMENT OF ISSUE FEE

Sir:


In response to the Notice of Allowance and Issue Fee Due dated June 30, 2010, the response to which is due September 30, 2010, applicant timely submits the completed PTOL-85B form.

ELECTRONICALLY FILED ON SEPTEMBER 1, 2010

Please charge the payment by credit card \$1,070.00 for payment of the issue fee and five (5) advance copies of the issued patent. Please charge **Deposit Account No. 50-0573** for any additional fee required or to credit any overcharge to the same deposit account.

Respectfully submitted,

BY:



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